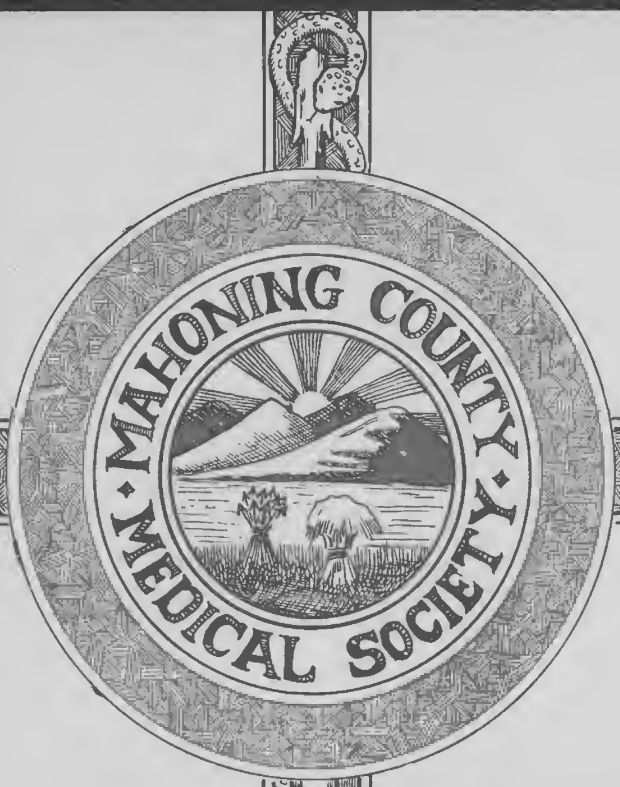

"Nothing is more honorable than a grateful heart."

—Seneca.

BULLETIN

of the

Mahoning County Medical Society

Vol. XIV No. 11
November 1944

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THE MAHONING COUNTY MEDICAL SOCIETY

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Vol. XIV—No. 11 November, 1944

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ADVERTISERS' LIST

Patronize them—they make the "Bulletin" possible

PRESIDENT'S PAGE

As a result of the combined efforts on the part of City, County, Hospital, Chamber of Commerce officials and your Society representatives, the Ohio State Welfare officials have taken over the one time almost useless Municipal Hospital and it now becomes the Receiving Hospital for the mentally ill not only for Mahoning County but for all the adjacent territory of this section of the state. All members of the delegation deserve much credit for their individual efforts. Judge Woodside is to be especially commended for his untiring efforts over a period of years, to obtain such a hospital for this locality.

Geographically and per capita the Youngstown area has been very poorly serviced from a nervous and mental standpoint. Receiving Hospitals, except on State Hospital grounds represent a new field of venture and State Welfare officials deserve "a pat on the back" for this bit of pioneer work.

In a few months the Hospital will be ready to function with Dr. C. H. Cronick as medical director. While Dr. Cronick will supervise the mental treatment, a complete staff to treat physical ailments is planned. Our Society collaborating with the Hospital Supervisor should proceed at once to organize for approval, such a staff to function in much the same manner as in our local hospitals. Student nurses from our local general hospitals will compose part of the nursing staff. Such a set up will be a means of improving our technique in the treatment of nervous diseases.

The results of concerted effort was very well demonstrated in making the Receiving Hospital a reality. In comparison our efforts to install a central Tuberculosis Clinic has been a dismal failure. It is my opinion that we all agree as to the feasibility and necessity of a Central Clinic. The Central Clinic problem is before us again. Our X-Ray committee, also our committee on policy are organized and ready to function at any time. Matters concerning policy has disrupted progress. Concerted action of the Tuberculosis Society and County officials with our committees would be a means of establishing such a clinic.

We are nearing the end of the year. Committee chairmen should send in their final report of their activities for the year.

E. H. NAGEL, M. D.,
President.

November

BULLETIN of the Mahoning County Medical Society

NOVEMBER 1944

Editorials---

A Half Loaf

A few of us, may be a good many, who have nothing but goodwill for those who are in our Professional leadership still find it necessary to differ from our leaders sometimes, particularly as to methods.

Take, for example, the National Physicians Committee. We believe the personnel of that Committee are gentlemen above personal reproach. And they are vigorous leaders, too. But the undemocratic set-up of that Committee has irked some of us who fear some of our present trends in government.

Taxation without representation anywhere is still tyranny. It is true even when the taxes are paid gladly and for widely approved purposes. This holds even in a voluntarily organized body, if the said voluntary body is dealing with matters of vital importance affecting materially the lines of individuals of a great profession and of many people. A personal gift of money for personal purposes, such as a wedding or birthday present is one thing; money given to be used to influence the lives of thousands who have no part in the giving is quite another thing. It then is of quasi public interest.

It is fine that the National Physicians Committee has taken a step to correct this defect of that organization by sending out their very recent "Notice of N.P.C. Trustees Election." If the Committee will now call a mass meeting and set up a permanent organization with Constitution and By-Laws establishing some sort of representative bodies to carry on the work, many people will feel different and better. It should go down to the very grass roots. It should be honestly representative. Like the Ohio State Medical Association time limits should be placed upon eligibility to serve in high office. In other words, if a real and sincerely democratic representative set-up shall be worked out, the spirit of Americanism thus be established, then the Physicians Committee will be quickly made far more effective.

We claim that our fight is against un-American ideals in medical practice; then let us not deliberately continue un-American methods.

Petty Graft

May all reason it out now: the "take" is never too small!

Here we have to pay taxes and taxes and taxes. We do it without too harsh opposition.

But when those who take our money at restaurants "sneak" at least half of the salestax money—by innocently (?) failing to remember to give the customer his sales tax stamps, the customer is being filched, and the State is being "gypped." If the State authorities really wanted to do so, they could easily enough catch and punish these petty grafters. Meantime, unless we are Mr. Milquetoast in pants or panties, why do we stand for it?

Bad Break

A young minister, addressing the prisoners in the prison chapel, no doubt meant well but hardly realized how it would sound when he said: "Ah; I am very glad to see so many of you here this morning."

THE MANAGEMENT OF POLIOMYELITIS

KRISTIAN G. HANSSON, M.D., Asst. Prof., Clinical Surgery, Cornell University

(Presented before the Poliomyelitis Teaching Day, August 3, 1944, Buffalo, New York)
(From, Bulletin Medical Society, County of Erie (N.Y.), Sept., 1944)

There has been so much confusion in the management of poliomyelitis that it seems justified to start from the beginning and establish certain facts that we all accept as a basis for judging late development.

The word polio means gray matter and myelitis means inflammation of the spinal cord and poliomyelitis therefore stands for inflammation of gray matter of the spinal cord.

We also know that this inflammation of the spinal cord is due to a virus that enters the body through the gastro-intestinal tract and possibly the olfactory nerve. The effect of the virus on the spinal cord probably varies from slight irritation to complete destruction, and it is possible that other parts of the cord beside the anterior horn cells are involved. The result is a patient, usually a child, with low temperature, rigidity of neck, back and hamstring muscles, general muscular and joint pain, slight gastro-intestinal disturbance and other symptoms that go with any febrile disease. The rigidity of spinal muscles is probably the most characteristic symptom. The treatment of the acute phase includes all the best nursing we can give to an infectious disease. However, the management of the polio patient has undergone various changes.

In 1920, the dominant part of the treatment was underwater exercises. In 1930, we turned to long immobilization in plaster. In 1940, we have accepted early mobilization.

Most responsible for this latter change has been Miss Elizabeth Kenny from Australia. We are all familiar with her teaching, which may be briefly stated as follows:

1. Early treatment — starting as soon as the diagnosis has been established.
2. Moist heat to relieve muscle spasm.
3. Proper position on a hard bed and early mobilization by neuromuscular re-education.

Thanks to the help of the National Foundation for Infantile Paralysis, we are now able to evaluate the results of the so-called Kenny treatment. The Foundation has spent $500,000.00 in aiding the medical profession to make this evaluation. Statistics are coming in from various parts of the country, and we find about the same number of cures as we had before: In general hospitals, about 80%; in orthopedic hospitals, which do not treat non-paralytic cases, about 60%. Alabama had an epidemic in 1941 with 800 cases and 80% cured. The Maryland epidemic in the same year resulted in 68% cured.

The Canadian epidemic a few years ago claimed 82% cures. In these epidemics, the immobilization and exercise treatment was used.

At the Hospital for Special Surgery, in New York City, we have had a polio ward under my care for the last three years, and the result is:

1. Complete recovery 59%
2. Slight paralysis 23%
3. Severe paralysis 18%
(with braces)

The orthopedic section of the American Medical Association reported on their survey of the Kenny treatment and condemned it completely. Their opinion can be condensed in one sentence: What is new in the Kenny treatment is no good and what is good is not new. Their criticism was what could be expected, but it was entirely destructive and did not offer any suggestion as to what our procedure should be now. The result is that at present states

and city health authorities are confused as to how to treat the polio cases. Miss Kenny has been mainly responsible for the condemnation of her method. Her antagonistic personality, her appeal to the lay press and publicity and her effort to make a new religion of her method has brought her into conflict with organized medicine. An unbiased opinion can easily see her as a nurse—probably comparable to our practical nurses—trying to do her nursing of polio with the only therapeutic available in her locality, which was old fashioned hot, moist packs. She found, by careful nursing, the patients did as well as patients immobilized in plaster. Nobody has denied this, and those who have had experience with polio for twenty years must admit that patients treated with early mobilization are in better general health and have better muscular tone than those treated with immobilization in plaster. However, this packing is used only for muscle spasm, pain and tenderness and should only continue when these symptoms are present. During this phase, we must also begin muscle re-education. Miss Kenny's neuromuscular re-education is based on balancing muscle groups rather than on increase of muscle power. However, we must condemn any objection to muscle testing. This was introduced by Lovett, and is a reliable record of the condition of the muscles at any given time. To condemn it because of the handling of the patient that it requires is ridiculous, if you consider the amount of handling the patient undergoes when being packed and the moving about of patients in any polio ward.

After the acute symptoms have disappeared, the patient must be aided by means of crutches, braces and other supports. There is no real value in letting patients up without proper support. We have seen many patients during the last two years, balancing themselves dangerously without support, for no other reason than cheap publicity and to show off. I can not remember a single polio patient in twenty years who was using support without needing it.

I believe the outline of the polio management should be as follows:

I. ACUTE STATE (Fever plus muscle pain and spasm).

1. Quarantine to be relaxed—except strict disinfection of all secretion as long as temperature lasts. Therefore patient to be treated either in hospital or at home. Patient on hard bed in proper position.
2. Institution of hot packs to affected muscles, changed every hour for twelve hours.
3. The use of respirator when indicated by cyanosis or dyspnea. However, packs should continue on patient in the respirator.
4. Gentle passive motion of all extremities at least once each day.

II. Subacute state (No fever, no acute muscle pains, with or without spasm).

1. Complete muscle examination according to Lovett each month.
2. Continue hot packs until muscle spasm disappears.
3. In severe spasm—prostigmine bromide:

   Young children: 10-15 mg. tid. orally.
   Children: (10-14 years) 20 mg. with atropine sulphate 1/200 gr. tid.
   Adults: 30 mg. with atropine sulphate 1/100 gr. tid.

4. Tendon stimulation.
   Passive exercises.
   Active exercises.
5. Mobilization of spine by having patient sit up with extended knees. When head can touch knees, allow standing and attempts at walking.
6. Free activity of patient one hour before packs and one hour after packs.

III. CHRONIC STATE.

1. Braces for drop foot and paralysis of quadriceps.
   Canadian crutches.
   Abdominal support.
   Sling for paralyzed arm and shoulder muscles.
2. Periodic re-examination for muscle contraction, substitution movements and scoliosis.
3. Repeated muscle re-examination every 2-3 months.
4. The usual orthopedic operations of stabilization, muscle transplant, spine fusion, etc.

With such a program I believe we can render the maximum of relief and benefit to our polio patient. Miss Kenny's method represents good nursing and good physical therapy. Much of her practical work is of value and should be accepted. However, her attempts at diagnosis, pathology and prognosis in poliomyelitis have brought her real contribution to disrepute. Yet there is danger of going back to the former treatments and to scientific neglect.

WHY TREAT LATENT SYPHILIS?

Asymptomatic, late syphilis need not always be treated

C. W. BARNETT, M. D.

(Stanford M. Bull. 2:51-54, 1944. From Modern Medicine)

When serologic evidence of latent syphilis is accidentally discovered in a middleaged individual, treatment is invariably begun, even when no signs or symptoms of the disease are manifest, on the assumptions that: (1) serious, late lesions will inevitably occur if treatment is not given, (2) treatment will always prevent the development of such lesions, and (3) treatment will do no harm. These premises are challenged by C. W. Barnett, M. D., of Stanford University School of Medicine, San Francisco, as not applicable to patients over fifty years of age whose initial infection had been acquired before the age of thirty. About the only justification for treating persons with latent, asymptomatic syphilis is the demonstration of positive evidence in the spinal fluid.

Available statistics indicate that 64% of persons with syphilitic infection of fifteen to forty years' duration will never have symptoms, and that 22% will die of other causes; benign conditions may occur late in 13%, neurosyphilis will develop in 10% and lesions of the cardiovascular system in 13%. The possibility of neurosyphilis may be ascertained by examination of the spinal fluid. Therefore, potential cardiovascular involvement is the only serious threat in the latent form of the disease, and the only good reason for antisyphilitic therapy. However, presumably adequate treatment during latency does not always prevent occurrence of cardiovascular sequellae. The incidence of syphilitic involvement of the cardiovascular system is about 3%, even in treated patients.

Antiluetic treatment during latency of the disease is not entirely harmless. Aside from the discomfort of repeated injections, worry about the possible outcome of the disease, and the financial burden of prolonged treatment, serious reactions may induce organic injury and consequent disability or death, which occurs in approximately 1 of every 2,000 patients treated. The expected mortality percentage is 147 for syphilitic persons supposedly adequately treated as against 137 for those insufficiently treated. Most of the deaths in the group of persons inadequately treated were from cardio-

(Continued on Page 327)

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SULFONAMIDE OINTMENT IN ROUTINE PROPHYLAXIS OF CHANCROID DISEASE

By HERMAN S. ZEVE, M. D., Commander (MC) U.S.N.R., and
SOL S. SCHNEIERSON, M. D., Lieutenant Commander (MC) U.S.N.R.

(From United States Naval Medical Bulletin, August, 1944)

In the routine Navy prophylaxis for venereal disease, soap and water and calomel ointment have been considered effective against chancroid disease and syphilis. In this tropical area chancroids, pyogenic ulcers, some probably of fungus origin, and lymphogranuloma venereum are very prevalent, as could be expected with a predominantly colored and mixed population living under very poor sanitary and economic conditions. In spite of this routine prophylaxis, genital lesions and other chancers occurred frequently.

In view of the specific response of these diseases to sulfonamides and the increasing evidence of the efficacy of these drugs in oral chemotherapeutic prophylaxis, an effort was made to determine the value of the local application of a sufonamide in the prevention of these venereal diseases.

For the past 9 months the following change in the routine prophylaxis was instituted. A mixed ointment containing one-third 5- or 10-percent sulfanilamide or sulfathiazole ointment and two-thirds calomel ointment was used, instead of the calomel ointment alone, in the final phase of the prophylaxis routine. During this period accurate records were kept of 10,368 prophylactic treatments given with the mixed ointment to nontransient personnel whose course could be followed.

The names and stations of all the men were recorded, together with the date of treatment and other pertinent information. Since then there have been only two men admitted from this group with a diagnosis of chancroid. However, in one of these patients the prophylaxis was recorded 26 days before admission and he may have had subsequent exposures without prophylaxis. In the other, treatment was recorded 2 days before admission, whereas no prophylaxis was recorded for an admitted exposure 2 weeks previously. During this period there were 70 other admissions for chancroid. It was ascertained that these patients had not received any prophylaxis or that they had had prophylaxis at other facilities where the sulfonamide-calomel routine was not employed.

There were three patients with primary syphilis admitted from this group who had records of prophylactic treatment. One admitted weekly exposures but had a record of only one treatment 29 days prior to admission. The second man had a record of two treatments 3 and 5 days after an admitted exposure but said that he had been exposed on other days. The third man had two recorded prophylactic treatments within 31 days and was admitted 15 days after the last prophylaxis.

Excluding gonorrhea, this represents the total number of cases of genital infections receiving this series of treatments. In the light of this experience, it is believed that the addition of a sulfonamide ointment to the calomel ointment treatment has greatly reduced the incidence of genital infections other than syphilis, and that the therapeutic effect on the prophylaxis of syphilis by calomel ointment has not been reduced by the addition of the sulfonamide. Oral medication with any of the sulfonamides has not been employed in this series.

As a result of our experience, it is believed that the addition of a sulfonamide ointment to the calomel ointment in the Navy venereal prophylaxis routine will enhance its protective ability against chancroid and other genital infections.

Sidney McCurdy, M. D.

May 21, 1881 **Sept. 26, 1944**

A fighter for organized medicine has passed. With his passing the Profession of which he long played an active part, has lost one who cannot be readily replaced.

Dr. McCurdy was notable as a man of strong convictions and expressed them clearly. But he was generous. He did not "pull" his punches but he never held a grudge against any man, win or lose. He was attentive to his opponent's arguments, willing to concede the fact, convinced of his error.

In the early part of this century, Dr. McCurdy served as secretary, then as president of the Mahoning County Medical Society. He was active in the medical affairs of this community. He never shrank from necessary decisions because of their temporary unpopularity.

Dr. McCurdy went to France with Base Hospital No. 31, and in his service, he made a distinguished record. Among other honors, the French conferred upon him the Croix de Guerre.

At the close of the war he returned to Youngstown and his industrial practice. For many years he was in charge of Industrial work at the Youngstown Sheet & Tube Co. Always active he retained an interest in medical organizations despite several years of ill health.

He helped with organization of the local relief program in 1933. He insisted in this that the work should be handled firmly and honestly. He served as a delegate to the Ohio State Medical Association in which body his advice and judgment was always sought.

He was interested in and aided any organization that he considered helpful to his profession. Moved by that spirit he became active in the organization of the Medical-Dental Bureau, of which he became its president.

In 1936 he was appointed chief of the medical division of the Ohio Industrial Committee. Taking with him his wealth of knowledge of industrial medicine and his old positive nature, he organized this department, and made it function more effectively. Leaving the commission in 1940, he organized the Medical Department of the Plum Brook Ordnance plant near Sandusky, Ohio. There he remained until he retired to his old home at East St. Johnsburg, Vt. He passed away on September 26th, 1944. He leaves his wife, Caroline, and his daughter, Lydia, to whom we offer our sympathy in their bereavement.

Dr. McCurdy was faithful and his memory will always be cherished by a host of friends.

Wm. M. Skipp, M. D.

November

Charles R. Wallace, M. D.

Oct. 13, 1886 **Sept. 30, 1944**

Dr. Charles R. Wallace, aged 78, died at his home, 173 Ridge St., at 12:35 A. M. September 30, 1944. He was stricken with a cerebral hemorrhage.

Dr. Wallace, who had practiced medicine in Struthers for 45 years was born October 13, 1866, at Edenburg, Pa., a son of William and Amanda Wigton Wallace. In 1906 he married Miss Clyde Bishop of Poland, whom he leaves with a sister, Mrs. Carl Rogers, of Edenburg, Pa.

Dr. Wallace attended Grove City college, Edinboro State Normal School, Volant & Rogers Colleges and received his medical degree from Cleveland Medical College in 1897.

Before taking up the study of medicine, Dr. Wallace taught school for 6 years in Neshannock and Union townships, in Lawrence County, Pa. He later served as principal of the Edenburg schools for 2 years. Following his graduation from Cleveland Medical College, he practiced medicine in Cleveland for 2 years, then came to Struthers.

In 1919 while making a call in a blinding snow storm, he was hit by a train on the Pennsylvania crossing on Bridge Street. Since that time he had not made house calls.

During his early years in Struthers, he served on the village council and board of education and as a member of the Board of Health.

During the last few years Dr. and Mrs. Wallace made their home in Florida during the winter and at Lakeside during the summer.

Dr. Wallace was a member of the Struthers Methodist Church, Royal Arch Mason, a member of M.C.M.S., O.S.M.S., and a fellow of the A.M.A.

Woman's Auxiliary to the Mahoning Co. Medical Society

The first fall meeting of the Woman's Auxiliary to the Mahoning County Medical Society was held at the Woman's City Club October 16, 1944. Mrs. R. B. Poling, president, presided.

Members of the Board elected a nominating committee to report at the next meeting as follows:

Mrs. F. F. Piercy,
Mrs. L. G. Coe,
Mrs. Donald Gross

A luncheon and Book Review followed the business meeting.

A report of the doctors in service was given by Mrs. Brack Bowman and Mrs. J. K. Herald.

Members of the Auxiliary will sponsor a party at the U.S.O. Boardman Street for "Men in the Service" October 26, 1944.

Mrs. Dean Nesbitt has been elected state Treasurer for the coming year. Mrs. J. J. McDonough, Sixth District Director.

The next meeting will be held December 5, 1944, 8:00 P. M. at the Youngstown College auditorium. At this meeting a public lecture will be given by Dr. Frank Tallman, Commissioner of Mental Health for the State of Ohio. His subject, "Community Program for Mental Health." Members of the Mahoning County Medical Society are invited to attend.

Honor Roll

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Capt. John A. Rogers, M.C., 0449653, 262nd Sta. Hosp., A.P.O. 782, c/o Postmaster, New York City.
Capt. M. S. Rosenblum, M.C., 01693517, A.R.D., APO 853 c/o P.M., Miami, Fla.
Capt. J. M. Russell, M.C., 01693386, Advance Base, New Guinea Disp., APO 929, c/o P. M., San Francisco, Calif.
Lieut. Samuel Schwebel, M.C., U.S.N., U.S.S. Kankakee, c/o Fleet Post Office, San Francisco, Cal.
Major C. W. Sears, M.C., (0-295896), 313th Sta. Hospital, A.P.O. 553, c/o P.M., N. Y. City.
Capt. J. L. Scarnecchia, M.C., 01693543, 38th M.R. and R. Sq. 326 Serv. Group, A.P.O. 149, c/o Postmaster, N. Y. City
Capt. L. S. Shensa, M.C., Lawson Gen. Hosp., Chief Fever Therapy Dept., Atlanta, Ga.
Capt. Henry Sisek, M.C., 0417070, 76th Sta. Hosp., A.P.O. 952, c/o Postmaster, San Francisco, Cal.
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Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O. 403, c/o Postmaster, New York City.
Com. H. S. Zeve, M.C., (USNR) U. S. Naval Hospital, Navy 117, Box H, FPO., c/o Fleet P. O., N. Y. City.
Lt. Samuel Ziegler, A.A.F., MSTS 0537220, Robbins Field, Ga.

Honor Roll

Youngstown Hospitals' Internes

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Lt. Howard R. Elliott, Ft. Benjamin Harrison, Indiana.

Lt. William E. Goodman, Co. B., 83rd Medical Battalion, 13th Armored Division, A.P.O. 263, Camp Beale, California.

Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, A.P.O. 43, c/o Postmaster, San Francisco, Cal.

Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.

Capt. Woodrow S. Hazel, 0-381726, 42nd Bomb. Sq., (H) 11th Bomb. Gp., APO. 247, c/o P.M., San Francisco, Cal.

Lt. R. J. Heaver, 0-435472, 104th Gen. Hosp., APO 5444, c/o Postmaster, N. Y. City.

Capt. Joseph M. Herbert, Ft. Sam Houston, Texas.

Capt. Herbert Hutt, 0444445, A.P.O. 7684, c/o Postmaster, N. Y. City.

Richard P. Jahn, (Address Wanted)

Major Louis R. Kent, M. C., (0379847) Med. Det., 506th Parachute Inf. Reg., A.P.O. 472, c/o Postmaster, New York City.

Capt. Sydney Keyes, A. P. Hill Military Reservation, Virginia.

Passed Ass't Surgeon R. S. McClintock, U. S. Marine Hosp., Baltimore 11, Md.

Major Donald A. Miller, M.C., (0-471307), 30th Station Hospital, A.P.O. 690, c/o P. M., N. Y. City.

Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.

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Lt. Raymond M. Nesemann, Algoma, Wisconsin.

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Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.

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Walter B. Webb, Ass't. Sur. (R) Federal Penitentiary, Lewisburg, Pa.

Honor Roll

St. Elizabeth's Internes

Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.

Maj. Geo. L. Armbrecht, M.C., (0357508) Med. Det. 8th Inf., A.P.O. 4, c/o Postmaster, New York City.

Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.

Dr. Donald J. Burmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.

Major David D. Colucci, 131st Gen. Hosp., Camp McCain, Miss.

Lt. C. J. Duby, M.C., 62 Lawson Gen. Hospital, Atlanta, Georgia.

Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.

Lt. Morris I. Heller (Address Wanted).

Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.

Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.

Capt. H. C. Marsico, M.C., Co. B 48th Med. Bn., A.P.O. 252, c/o Postmaster, New York City.

Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.

Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.

Lt. C. E. Pichette, 185 Otsega, Ilion, N. Y.

Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.

Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.

Lt. John Veit, Southwest Pacific. (Correct address wanted).

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Mary Berkowitz
Vera Best
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Mildred Yocum
Jennie Zhuck

NOVEMBER MEETING

NORMAN C. WETZEL, M. D.

Medical Director, Children's Fresh Air Camp of Cleveland

The Author of the GRID

Subject: "Economic and Other Consequences of Growth Failure in Children."

Dr. Wetzel has spent many years perfecting and simplifying the GRID. Although he used the most advanced techniques of higher mathematics in its development, it is extremely simple to use and most easily understood. He began work on it, after attending the White House Conference on Child Health and Protection in 1930, when discussions brought out the fact that no uniform method of measuring child growth and development was then available to physicians, schools, clinics or other child health services.

To give the fullest possible support to GRID findings in any given child, data from nearly 500 reports published during the past 110 years throughout the world on Eskimo, Scandinavian, European, Asiatic and Indian children, along with over 70,000 observations on individual American boys and girls were used to establish and later to confirm the present GRID standards of growth and physical development.

For the first time, these standards now enable one to demonstrate that the almost universal increases in height and weight of present day children are a matter of increased level of development without any significant change in racial physique types. A century of progress has thus not altered either the direction of healthy physical development nor the fundamental tendency to preserve individual and racial body build. The implications of these results to the problems of large scale health projects are clearly evident.

Dr. Wetzel studied under Sir Thomas Lewis in London. He is a member of: American Pediatric Society, Academy of Pediatrics, Society for Research and Child Development, American Medical Association, American Association for Advancement of Science and a Licentiate of the American Board of Pediatrics.

●

YOUNGSTOWN CLUB

Tuesday, November 21, 1944—8:30 P. M.

IMPORTANT MEETING

A meeting of the membership of the Medical-Dental Bureau will be held

December 14th, 1944

COLONIAL ROOM—TOD HOUSE

Dinner at 6:45 on the house

For the purpose of transacting important Bureau business.

MODIFIED INTENSIVE METHOD FOR TREATMENT OF PRIMARY AND SECONDARY SYPHILIS

By HERMAN S. ZEVE, M. D., Commander (MC) U.S.N.R.

(From United States Naval Medical Bulletin, September, 1944)

During the last quarter century many methods of treating syphilis have been advocated. In recent years a widespread interest has been focused upon more rapid and intensive technic. However the frequency of severe reactions and the necessity of continuously observing the patient while he is undergoing treatment has necessarily restricted the practical use of methods otherwise offering therapeutic, economic and socialogic advantages.

This report is based upon a series of cases treated by a modified rapid technic which represents a compromise between the older and newer methods. On the one hand under "average" rather than "exceptional" hospital conditions we have endeavored to obtain a maximum therapeutic response in the minimum of time, while on the other hand we have tried to chart a course in which severe or minatory reactions would occur, rarely, if at all. The indication for this procedure was justified on the basis of military expediency and the necessity of utilizing limited facilities to a greater degree of efficiency.

There are 142 cases of untreated primary and secondary syphilis included in this report, the majority representing infections acquired in South American and Caribbean ports. As a prerequisite to receiving intensive therapy each man was submitted to a general physical examination which included the usual blood and urine examinations, the latter being repeated at intervals throughout the treatment period. The patients were between 18 and 35 years of age, in good general physical condition with the exception that in many cases there were concurrent venereal infections. All the patients were restricted to the syphilis ward but complete bed rest was not deemed necessary. A well balanced diet, including citrus fruits and juices, and adequate water intake was provided for each patient. The amount of treatment a patient received was based upon an estimation of the extent and severity of the infection, his weight, and his response to therapy. This method was not used in the treatment of cerebrospinal, visceral, and latent syphilis or when serious concurrent diseases existed.

The biweekly and the modified intensive methods were first used at

TABLE I—*Schedule of Treatment*

Days of treatment	Number of treatments	Gm. of mapharsen per 10 cc. triple distilled water	Gm. of bismuth subsalicylate in oil
1	1	.03	0.13
2	2	.06	
4	3	.06	
6	4	.06	
8	5	.06	0.13
10	6	.06	
12	7	.06	
14	8	.06	
16	9	.06	0.13
18	10	.06	
20	11	.06	
22	12	.06	

Rate of injection 10 to 30 seconds.

Dosage: 1 mg. per kg. Minimum 60 mg. Maximum 80 mg. Total 1,800 to 2,200 mg., 3 full courses.

Powder or Liquid

ACCEPTED..LUSTILY!

A NOURISHING ration for all infants and one that is well tolerated by those of premature birth.

Years of use, under physicians' directions, prove the value of Baker's Modified Milk either complemental to or entirely in place of human milk, starting at birth and continuing through the bottle-feeding period. Baker's is well supplied with the nutritive elements for normal growth and is fortified with seven extra dietary essentials, including liberal protein content (60 per cent more than human milk.)

Physicians favor Baker's Modified Milk because it helps to clear up difficult feeding cases . . . helps to discourage regurgitation and to correct loose or too frequent stools, especially when acidified.

Mothers like the convenience of Baker's Modified Milk—keeps well, without refrigeration . . . easy to use both at home and when traveling because Baker's is available in powder and liquid form. For feeding, it is diluted to the prescribed strength with cool water, previously boiled.

Advertised exclusively to the medical profession with feeding instructions supplied to physicians and hospitals only. Write for full information and samples.

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Baker's Modified Milk is made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal and vegetable oils with the addition of lactose, dextrose, gelatin, iron ammonium citrate, vitamins A, B1 and D. Not less than 400 units of vitamin D per quart.

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the dispensary. After a preliminary observation period the modified intensive method was adopted as a routine and was continued at the hospital.

Statistical summary. — The total number of cases treated between January 1943 and January 1944 was 142; in 62 of these a positive darkfield diagnosis was obtained, and both darkfield and Kahn positive in 34. Darkfields were negative or unobtainable in 46 but the Kahns were positive with clinical signs and symptoms. The total number of treatments given was 1,494; the average number of treatments per case, 10.52. An average total dose of mapharsen per case was 0.597 gm. The total number of treatment days required, using the modified intensive method, was 3,224 and the average number of treatment days required per case, 22.5.

The average number of days between treatments was 2.16. The estimated total number of day's treatment required, using single weekly method, was 10,458; the estimated total number of days of treatment required using the biweekly method, 5,229; and the total number of treatment days required, using the modified intensive method, 3,224. Days saved in relation to single weekly method were 7,234 or 19.8 years; the days saved in relation to biweekly method, 2,005 or 5.5 years. There was one mild drug reaction which lasted 24 hours; the reaction per number of patients was 0.7 per cent; the reaction per number of treatments, .06 percent.

It will be noted that the average total amount of mapharsen each patient received approximated 0.6 gm. About 75 percent of the patients received more than 0.6 gm. of mapharsen before being discharged from the sick list. All of the remaining patients except four received 0.54 to 0.57 gm., but completed the estimated required amount of treatment for their first course as ambulatory patients under our supervision or at their base dispensaries. The four remaining patients were transferred to other activities under treatment because of military expediency but only after lesions were healed. Five patients with advanced secondary lesions have completed three full courses with this method. These showed an early reversal fo the Kahn reaction as well as clinical disappearance of signs and symptoms. No unfavorable therapeutic reactions were encounter ed.

Because of circumstances incident to other duties it was occasionally necessary to delay treatment for a day, but for the most part, the treatment schedule outlined was adhered to regularly. In addition many patients were required to remain on the sick list one or two days after completing their first course of treatment. These days are included as treatment days, since their exact number is unknown. It is obvious therefore, that the total number of treatment days has been artificially increased by nontherapeutic factors which, if they could have been excluded, would reduce the total number of sick days to somewhat less than 3,224. It was not possible within the scope of this investigation to determine what effect this method of treatment had upon the Kahn reaction.

SUMMARY

A total of 142 patients with primary or secondary syphilis received a modified intensive initial course of mapharsen therapy consisting of an average of 10.5 treatments in 22.5 days per man without any evidence of increased risk above that encountered in les sintensive methods. Bismuth subsalicylate 0.13 gm. once a week supplemented the arsenical treatments.

The infection was treated intensively when the time element was important.

The duration of the infectious period was quickly reduced, as evidenced by rapid and complete healing of all primary and secondary lesions.

The average number of sick days for each patient was greatly reduced as compared with weekly or biweekly methods of treatment.

Patients were returned to a duty status with all open infectious lesions healed.

More patients were adequately treated by a limited number of medical personnel under conditions which were inadequate for prolonged periods of hospitalization.

The method is probably suitable for ambulatory patients but will require more experience before this can be definitely established.

The method is more practical for military dispensaries and hospitals than any of the more intensive methods which are now being studied and used in specialized clinics.

Among the economic and military advantages of the method are: (1) The decrease in total cost per patient; (2) the number of man-hour days saved; (3) the increased efficiency of ships and stations by earlier return of trained and necessary military personnel to active duty; and (4) other desirable advantages accruing to the individual patient, his family, and the Navy.

(From January 1, 1944, to August 1, 1944, an additional 65 patients have been treated with equally good results and no untoward reactions.)

Why Treat Latent Syphilis?

(Continued from Page 311)

vascular and nervous system syphilis. Among those treated, the mortality rates from tuberculosis, appendicitis, pneumonia and cancer were higher than from cardiovascular or nervous system disease.

Particular factors present in individual cases should determine the necessity for treatment. Women in the childbearing period should be treated because of the possibility of infecting the offspring. Negroes are more prone to syphilitic cardiovascular disease, and consequently should probably be treated. When other disease is present, the use of antisyphilitic drugs should be carefully considered, that is, whether the prognosis for the principal disease is more serious than that of the latent syphilis and whether active treatment of the syphilitic condition would adversely affect the major disease. The obligation to treat asymptomatic, latent syphilis weakens as the age of the patient and the duration of the infection increases.

SECRETARY'S REPORT

The regular monthly council meeting was held on the 9th of October at the office of the secretary. The following applications were approved:

Active Membership

Erhard Weltman, M. D.
Home Savings & Loan Bldg.

S. H. Davidow, M. D.
Central Tower Bldg.

Unless objection in writing to the above applications are filed with the secretary within fifteen days, the applicants become members of the Society.

The regular monthly meeting of the Society was held on the 17th of October at the Youngstown Club. The speakers were our own members, Drs. A. E. Brant, W. D. Collier and F. W. McNamara and their subject "Discussion Concerning Cancer."

G. M. McKelvey, M. D.,
Secretary.

Dr. Cronick Named Director Of Hospital for Mental Cases

Dr. C. Herbert Cronick of Austintown-Canfield Road, Youngstown psychiatrist, was appointed medical director of the Youngstown Receiving Hospital for mental cases.

The appointment was announced by State Welfare Director Herbert R. Mooney, who met with Dr. Cronick and Dr. Frank F. Tallman, Ohio's commissioner of mental diseases, John S. Waidner, chief of business administration, and Lee Pierson, assistant welfare director at Columbus.

Mooney and Cronick will announce the opening date soon.

Use of the former city contagious disease hospital as a receiving hospital for mental patients was announced in July after numerous conferences between Mooney, Probate Judge Clifford M. Woodside, Dr. Arthur S. Hyde, superintendent of the Massillon State Hospital, Mayor Ralph W. O'Neill, other city officials, and Chamber of Commerce representatives.

The hospital is being leased to the state by the city for $1 a year and will be remodeled to treat early mental cases. It has been estimated about 400 persons can be treated at the hospital yearly, with no treatment exceeding 12 weeks. Persons needing more treatment will be transferred to the Massillon hospital.

The hospital will be under direction of Dr. Hyde, who made a final inspection of the building with Dr. Cronick to discuss repairs and alterations.

Dr. Cronick was commissioned a captain in the army in June, 1942, and was stationed with the Eastern Command at Moody Field, Va., and later at Maxwell Field, Ala. His work has been devoted to psychiatric work with flyers. He recently received an honorable discharge.

From Esther's Column

Commander Herman S. Zeve is chief of the urology department at Port of Spain, Trinidad, Larry Hawkins writes, "and has kept his good humor through 26 months in the tropics." "If you want to know anything about Trinidad, ask me," he told Hawkins. "I'm the second or third oldest serviceman here."

The hospital brought in guinea pigs for experiments but they died. They had luxuriant tomato vines but no tomatoes, 20-foot bean vines but no beans. "When I get back to Youngstown," Dr. Zeve said, "the first thing I'll ask for is a glass of milk. The second is a vegetable salad."

FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means CHANGE OF ADDRESS. Let's help keep the good work up.

New Guinea, 10-7-44

I just received another issue of the Bulletin and want to thank you and the Society for sending it to me. We have no radio or newspaper here. Mail is very irregular and you can't realize how much I enjoy getting the news from home.

I am at a new Base Hospital here where I have charge of the Dermatology wards. In this part of the world there is more skin disease than anything else so I am kept busy. I wouldn't recommend New Guinea, however, as a place to practice. Kindest regards to yourself and all the members of the Society.

Sincerely,

LT. COM. M. B. GOLDSTEIN

October 23, 1944

It's time again for my annual letter to let you know the Bulletin is being received regularly even on enemy soil, and I appreciate the continued interest of the Society in those of us who are anxious to get back among you again.

Our Third Armored "Spearhead" Division hit the Normandy Beach last June and we've moved quite rapidly through France and Belgium. As part of the First Army we led the advance from the Seine River through the Siegfried Line and covered this entire distance in eighteen days.

As Division Headquarters Units Surgeon, I've had many thrilling experiences

and several narrow escapes but have not been scratched yet. My tent and bag of clothes have been shot up but I've been luckier. The Medical set-up has worked very efficiently and the evacuation of casualties has been rapid. The use of intravenous plasma for shock and hemorrhage cases works wonders and the sulfonamides for preventing or treating infections seem miraculous at times. Penicillin is used in many cases with excellent results. Only three of each hundred casualties who live to receive any treatment die of their wounds. In the last war more than seven per hundred wounded died in a hospital.

Several times the enemy completely surrounded us but we fought our way out with few casualties. Because of the enemy's retreat, most of their casualties were left behind as our responsibility so I've actually cared for more German wounded than our own.

We received an enthusiastic welcome from the French and Belgians as we liberated their towns but since crossing the German border the reception has been poor. Over 20,000 prisoners were captured by our men and our division was given credit for taking the first German town. The Siegfried Line wasn't as hard to crack as had been anticipated for most of the pillboxes were poorly manned and had a shortage of equipment.

The men have a novel treatment for lice. A mixture of equal parts of sand and alcohol is applied to the body. The lice become intoxicated, throw the sand at each other and are stoned to death.

We have our headquarters in a large mansion and its modern conveniences and comfortable furnishings are thoroughly enjoyed after living in tents and foxholes for months. Rumor has it that the wealthy German industrialist owner manufactured parts for Messerschmitt and Robot planes. My impression is that the average German lived well and there's still plenty of living space left here.

Although the progress of the war seems to have slowed down considerably, we are hoping for an early conclusion to this mess and are ready for another look at the Statue of Liberty.

Best wishes for a happy holiday season.

SINCE LAST MONTH—

Dr. and Mrs. H. E. Mathay spent two weeks recently at The Homestead, Virginia Hot Springs.

Dr. A. C. Marinelli has been promoted to lieutenant colonel at the Army Service Forces Training Center, Camp Plauche, New Orleans. Colonel Marinelli entered the army in August, 1942, and is a graduate of Ohio State and Harvard Universities.

Dr. and Mrs. C. A. Gustafson have returned from a week's visit in Chicago.

Mrs. Raymond A. Hall spent a week at Fort Knox, Ky., visiting her husband, Captain Hall, A. M. C.

Dr. H. E. Patrick, with his son, Donald C. Patrick, and his daughter and son-in-law, Dr. and Mrs. Myron Owen, of Ravenna, spent a short vacation in Ann Arbor as guests of Dr. and Mrs. Gilbert T. Patrick. They attended the Michigan football game while there.

Dr. and Mrs. D. M. Rothrock have returned after spending a week's vacation in New York City.

Major John H. Grindlay, army surgeon who is one of the principal characters in the book "Burma Surgeon," has been named second in command at McGuire General Hospital, in Richmond, Va.

Since returning from overseas, Major Grindlay has been assistant chief of the hospital's orthopedic-surgery section.

The major spent two and one-half years in the Burma jungles as second-in-command to Lt. Col. Gordon S. Seagrave during General Stillwell's march into India. He performed 120 major operations within 30 hours during this march. He is credited with saving hundreds of lives while performing operations under primitive conditions.

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*Trade Mark Reg. U. S. Pat. Off. Word "Nupercainal" identifies the product as containing "Nupercaine" (alpha-butyloxycinchoninic acid-gamma-diethylethylenediamide) in lanolin and petrolatum, an ointment of Ciba's manufacture.

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DEXTRI-MALTOSE is no ordinary carbohydrate. Step by step, its manufacture is surrounded with every care and precaution, evolved through long years of experience and research. Unseen by physician and patient are numerous safety factors, the practical effect of which nevertheless is present in every package of Dextri-Maltose. To name a few of these:

1. Dextri-Maltose is sampled for bacteriological testing before drying.
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3. Blood agar tests are made to insure absence of hemolytic cocci.
4. Dextri-Maltose containers are paper-wrapped to prevent the cans from accumulating dust.
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